



SPECIAL EVENT PERMIT

MESSAGE: ESTABLISHMENT, TECHNICIAN, OR TECHNICIAN TRAINEE

Planning & Building • 2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: M, W, Th – 7:30 am – 4:30 pm
T – 7:30 am – 4:00 pm

Attached in an application form for a Massage Permit. Please review the application and **answer all questions completely**. Please call (510) 141-6800 if you have any questions.

1. Complete the **attached application** form using blue or black ink, only.
2. **Written proof that applicant is over 18 years of age** (e.g., Driver License, Passport).
3. Two (2) portrait photographs at least two inches by two inches, (2" x 2").
4. Copy of **Certificate of Graduation** from a recognized school of massage.
5. Obtain an *original* **Health Certificate** from your physician on their letterhead verifying that the applicant have had a physical within the last 30 days of the date of application.
6. **Application fee** of \$_____ for Massage Establishment/Technician/Trainee.

When applying for a **Massage Establishment Permit**, it is necessary that the applicant check with the Planning Division to verify if a "Use Permit" is required.

You may not operate a Massage Business in your residence. (Out-Call, Commercial, or Medical Space only.)
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Return your completed application in person, along with the items listed above, to the Permit Center, 2263 Santa Clara Avenue, Room 190, Alameda. Applications are accepted from 7:30 a.m. to 4:00 p.m. Monday, Wednesday, and Thursday; and 7:30 a.m. – 3:30 p.m. on Tuesday. **Please note: our office is closed on Friday.**

A Permit Technician will accept all your materials for submittal, collect the application fees, and forward your application to the Police Department. **The Police Department is required to do a State background check, which may take up to three months.** After the Police Department has verified all information including the background check, they will contact you for an appointment to be fingerprinted and then will issue your Massage License. After being issued your Massage License from the Police Department, you need to apply for a Business License in the Finance Department at City Hall, 2263 Santa Clara Ave., Room 230.



Attached is an application form for a Massage Permit. Please review the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

1. Complete the **attached application** form using blue or black ink, only.
2. **Written proof that applicant is over 18 years of age** (e.g., Drivers License, Passport, etc.).
3. Two (2) portrait photographs at least two inches by two inches, (2" x 2").
4. Copy of **Certificate of Graduation** from a recognized school of massage.
5. Obtain an *original* **Health Certificate** from your physician on their letterhead verifying that the applicant have had a physical within the last 30 days of the date of application.
6. **Application fee** of \$_____ for Massage Establishment/Technician/Trainee

Application is hereby made for:

_____ Massage Establishment Permit
_____ Massage Technician Permit
_____ Massage Technician Trainee Permit

Pursuant to the provisions of the Alameda Municipal Code governing such operation, Article 6, Chapter 7, Title XII, Section 12-761 and following.

1. Business name and address (if a corporation, list names and addresses of all officers, directors, and stockholders)

2. Applicant's information

Name: _____ Phone number: _____

Address: _____

Height: _____ Sex: _____ Driver License #: _____

Weight: _____ Date of Birth: _____ Social Security #: _____

Eye Color: _____ Place of Birth: _____

3. Spouse's information

Name: _____ Phone number: _____

Address: _____

4. Name and Address of Massage Technicians, Trainees, and Employees employed by or proposed to be employed at establishment (owners only):

5. Method of compensation for persons listed in Item 4, whether salary or percentage. (If any such person is claimed to an "independent contractor" or performs services underwritten or oral contract with applicant, submit copy of said agreement, setting forth terms of employment.)

6. Applicant's previous Address(es), three years

7. Applicant's previous employment(s), three years, name and address of employer

8. List all history relating to massage operation or similar business or occupation, including whether any massage permit has been denied, revoked, and circumstances relating to such denial or revocation:

9. Have you (the applicant) ever been indicted, convicted, imprisoned, placed on probation, or required to pay a fine of more than \$25?

____ Yes ____ No

If Yes, give date and nature of offence _____

10. Name of recognized school of massage attended or enrolled _____

Address: _____ Phone number: _____

Instructor name: _____ Graduated ____ Yes ____ No

Dates attended: _____ Total hours attended: _____

11. If the massage trainee, submit and attach to this application a letter from your school, indicating date of enrollment and estimated date of graduation. Note: Trainee permit expired 90 days from the date of issuance and is not renewable except for cause.

12. Health Certificate

____ Yes ____ No Date issued: _____

Name of physician: _____ Phone number: _____

Address: _____

Attest: I solemnly swear that the answers I have given to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statements may disqualify me for the permit herein applied for, pursuant to Article 6, Chapter 7, Title XII, Section 12-761 and following of the Alameda Municipal Code.

Signature of applicant

Date

Print name

FOR OFFICE USE ONLY

Health certificate verification by: _____ Date: _____

Graduation Certificate verification by: _____ Date: _____

Birth certificate verification by: _____ Date: _____

City permit #: _____ City Business License #: _____ Police ID #: _____

Other pertinent information: _____